

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

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CLAIMANT'S NAME Aaron McLearn		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Press Secretary		CB/ID NUMBER	DIVISION OR BUREAU Governor's Office		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER
CITY	STATE	ZIP	CITY	STATE	ZIP
			Sacramento	CA	95814

MONTH/YEAR 6/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
27-Jun	2:25 PM	Sac-Burbank	154.01			18.00		176.70	plane	100.00		0.00	448.71
28-Jun										20.00		0.00	20.00
												0.00	0.00
												0.00	0.00
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												0.00	0.00
												0.00	0.00
SUBTOTALS			154.01	0.00	0.00	18.00	0.00	176.70	0.00	120.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$468.71	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffed Governor at 6/27 52nd Southern California Journalism Awards and at 6/28 Arts Council Million Plates Campaign event.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER:

241121

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and

CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF

APPROVAL AND PAYMENT

DATE

6/30/10

SIGNATURE OF TITLE OF AGENCY

SPECIAL EXPENSES

DATE